	ill in this inforn	nation to i	identify v	our case:									
		_	Gontan y	E.			Crute						
	Debtor 1	Arcy First Name		Middle Name			Last Nar	ne			—— Ch	ec	ck if this is:
	Debtor 2 (Spouse, if filing)	First Name		Middle Name			Last Nar	me			_ _		An amended filing
	United States Bank		for the:	EASTERN D	IST	ΩF			/Δ	ΝΙΔ		ĺ	A supplement showing postpetition
	Case number	19-10323	-	ZAGI ZIKIN D		<u> </u>	1 = 141						chapter 13 income as of the following date:
	(if known)	10 10020	7 1111 0 10										01/19/2022 MM / DD / YYYY
0	fficial Form 10	<u>)61</u>											, 5-2 ,
S	chedule I: Yo	ur Incor	ne										12/15
inc ab yo	lude information a out your spouse. It ur name and case i	bout your s f more spac	pouse. If y e is neede nown). Ar	ou are separ d, attach a se	ated para	an ite	d your : sheet to	spous	e i	s not	filing with	yc	spouse is living with you, ou, do not include information any additional pages, write
1.	Fill in your emplo	oyment			Del	htc	or 1						Debtor 2 or non-filing spouse
	If you have more		-		_								
	job, attach a sepa with information a		Employn	nent status			Employe						☐ Employed ☐ Not employed
	additional employ		Occupati	!am	Ma	'	·	•					
	Include part time	acceptal	Occupati	ion	IVI	ain	tenanc	е					
	Include part-time, or self-employed		Employe	r's name	<u>Un</u>	nive	ersity o	of PA					-
	Occupation may in		Employe	r's address	34	51	Walnu	t Stre	et				
	student or homem applies.	акег, іт іт			Nur	mbe	er Street						Number Street
						ila	delphia	a		PA	19104		
					City	/				State	Zip Code		City State Zip Code
			How long	g employed tl	nere?	?	<u>30 Y</u>	ears			_		
F	Part 2: Give I	Details Ab	out Mon	thly Incom	е								
	timate monthly inc			ı file this forn	n. If y	you	ı have n	othing	to	repor	t for any line	e,	write \$0 in the space. Include your
	ou or your non-filing I need more space,				er, co	omb	oine the	inform	ati	on for	all employe	er	s for that person on the lines below. If
	·									For D	Debtor 1		For Debtor 2 or non-filing spouse
2.	List monthly group payroll deductions would be.							2 ge			\$4,228.00	_	
3.	Estimate and list	monthly ov	ertime pav	<i>i</i> .				3		_	\$0.00)	

Official Form 106l Schedule I: Your Income page 1

4. Calculate gross income. Add line 2 + line 3.

\$4,228.00

Debt	or 1 Arcy E. Crute		Case nui	mber (if know	n) 19-1	10323AMC13
			For Debtor 1	For Debto		_
	Copy line 4 here	4.	\$4,228.00			
5.	List all payroll deductions:					
	5a. Tax, Medicare, and Social Security deductions	5a.	\$931.00			
	5b. Mandatory contributions for retirement plans	5b.	\$0.00			
	5c. Voluntary contributions for retirement plans	5c.	\$0.00			
	5d. Required repayments of retirement fund loans	5d.	\$0.00			
	5e. Insurance	5e.	\$475.00			
	5f. Domestic support obligations	5f.	\$0.00			
	5g. Union dues	5g.	\$65.00			
	5h. Other deductions. Specify: See continuation sheet	_ 5h. +	\$111.00			
	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$1,582.00			
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$2,646.00			
8.	List all other income regularly received:					
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00			
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.					
	8b. Interest and dividends	8b.	\$0.00			
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00			
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.					
	8d. Unemployment compensation	8d.	\$0.00			
	8e. Social Security	8e.	\$0.00			
	8f. Other government assistance that you regularly receive					
	Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.					
	Specify:	8f.	\$0.00			
	8g. Pension or retirement income	 8g.	\$0.00			
	8h. Other monthly income.					
	Specify: Estimated Prorated IRS Refund	_ ^{8h.} +	\$301.00			
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$301.00			
	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$2,947.00	+	:	= \$2,947.00
	State all other regular contributions to the expenses that you list in	Schedu	le J.			
	Include contributions from an unmarried partner, members of your house friends or relatives.			ır roommates	, and othe	er
	Do not include any amounts already included in lines 2-10 or amounts th		ot available to pay	expenses list		
	Specify:				11	+ \$0.00
	Add the amount in the last column of line 10 to the amount in line 11 income. Write that amount on the Summary of Your Assets and Liabilities				12.	\$2,947.00 Combined
	if it applies. Do you expect an increase or decrease within the year after you file	this for	m?			monthly income
	✓ No. None.					
	Yes. Explain:					

Debtor 1	Arcy E. Crute		Case nu	19-10323AMC13	
5h Other	Payroll Deductions (details)		For Debtor 1	For Debtor 2 non-filing spo	
Parki	, ,		\$103.00		
PAC			\$6.00		<u> </u>
Socia	al Fund		\$2.00		
		Totals:	\$111.00		

F	ill in this inforn	nation to id	entif	y your case:			Cha	alr if thi	o io		
	Debtor 1	Arcy		E.	Crute	<u> </u>		ck if thi An am	s is: ended filing		
		First Name		Middle Name	Last Na			A supp	olement showing er 13 expenses a		
	Debtor 2 (Spouse, if filing)	First Name		Middle Name	Last Na	ame		followi	ng date:	is of the	
	United States Bank	ruptcy Court fo	or the:	EASTERN DIST	. OF PEN	NSYLVANIA		01/19 MM / F	/2022 DD / YYYY	<u> </u>	
	Case number (if known)	19-10323A	MC1	3				IVIIVI / L	557 1111		
Of	ficial Form 10)6J					_				
Sc	hedule J: Yo	our Expe	nses	}						12/	/15
cor nar	rect information. I	f more space	is nee	eded, attach anothe ver every question.	er sheet to	ling together, both a this form. On the top					
1.	Is this a joint cas	e?									
2.	No Yes	Debtor 2 live in s. Debtor 2 m endents?	ust file	oarate household? Official Form 106J- No Yes. Fill out this inf	-2, Expense	s for Separate House Dependent's relati	ionshi		Dependent's	Does depend	
	Do not list Debtor Debtor 2.	1 and		for each dependent		_				_ live with you? ☐ No	
	Do not state the d	enendents'				Son			_ <u>18</u>	- ✓ Yes	
	names.	0,0000000000000000000000000000000000000				Daughter			16	□ No - 📝 Yes	
										□ No	
										- ∏ Yes □ No	
										- Yes	
										No You	
3.	Do your expense expenses of peol yourself and you	ple other than		✓ No ☐ Yes						- □ Yes	
P	art 2: Estima	ate Your O	ngoir	ng Monthly Exp	enses						
to r		of a date afte	er the		-	are using this form a supplemental Sche					
	lude expenses paid th assistance and l					ı know the value of cial Form 106I.)			Your expens	ses	
4.				nses for your resid ny rent for the grou					4.	\$620.0	<u>0</u>
	If not included in	line 4:									
	4a. Real estate to	axes							4a		_
	4b. Property, hor	neowner's, or	renter's	s insurance					4b		_
	4c. Home mainte	enance, repair,	and u	pkeep expenses					4c		_
	4d. Homeowner's	s association o	or conc	lominium dues					4d.		

Debtor 1	Arcy E. Crute	Case number (if known)	19-10323AMC13
		Your e	expenses
5. Add	litional mortgage payments for your residence, such as home equity loans	5	
6. Utili	ties:		
6a.	Electricity, heat, natural gas	6a	\$350.00
6b.	Water, sewer, garbage collection	6b	\$82.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c	\$45.00
6d.	Other. Specify:	6d	
7. Foo	d and housekeeping supplies	7	\$420.00
8. Chil	dcare and children's education costs	8	\$375.00
9. Clot	hing, laundry, and dry cleaning	9	\$25.00
10. Pers	sonal care products and services	10	\$15.00
11. Med	lical and dental expenses	11	\$75.00
	nsportation. Include gas, maintenance, bus or train Do not include car payments.	12	\$250.00
13. Ente	ertainment, clubs, recreation, newspapers, gazines, and books	13	\$45.00
	ritable contributions and religious donations	14	\$5.00
15. Ins u	rance. not include insurance deducted from your pay or included in lines 4 or 20.		
15a.	. Life insurance	15a	
15b.	Health insurance	15b	
15c.	Vehicle insurance	15c	
15d.	Other insurance. Specify:	15d.	
16. Tax Spe	, , ,	16	
17. Inst	allment or lease payments:		
17a.	Car payments for Vehicle 1	17a	
17b.	Car payments for Vehicle 2	17b	
17c.	Other. Specify:	17c	
17d.	Other. Specify:	17d	
	r payments of alimony, maintenance, and support that you did not report as ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18	
	er payments you make to support others who do not live with you.	19.	

Deb	tor 1	Arcy E. Crute	Case number (if known)	19-10323AMC13	
20.		r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.			
	20a.	Mortgages on other property	20a		
	20b.	Real estate taxes	20b		
	20c.	Property, homeowner's, or renter's insurance	20c		
	20d.	Maintenance, repair, and upkeep expenses	20d		
	20e.	Homeowner's association or condominium dues	20e		
21.	Other	Other. Specify:			
22.	Calcu	ulate your monthly expenses.			
	22a.	Add lines 4 through 21.	22a	\$2,307.00	
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b		
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$2,307.00	
23.	Calcu	ulate your monthly net income.			
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$2,947.00	
	23b.	Copy your monthly expenses from line 22c above.	23b. _ _	\$2,307.00	
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$640.00	
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you fi	ile this form?		
		xample, do you expect to finish paying for your car loan within the year or do you ex ent to increase or decrease because of a modification to the terms of your mortgage			
	1	No.			
		Yes. Explain here: None.			